

FINANCIAL AFFIDAVIT

I, Courtland Rensford Sr., residing at 277 Sumner PL, being duly sworn, depose and say that the following is an accurate statement of my income from all sources, my liabilities, my assets and my net worth, from whatever sources, and whatever kind and nature, and wherever situated:

I. INCOME FROM ALL SOURCES: List your income from all sources as follows:a. Wages and Salaries (as reportable on Federal and State income tax returns):

1. Employer and address 1700 Fillmore Ave
2. Hours worked per week 40
3. Gross salary/wages (Weekly Bi-weekly Monthly Semi-monthly Annual)
\$ _____
4. Deductions:

a. Social Security/Medicare Tax	<u>\$ 10</u>
b. Federal Income Tax	<u>\$ 10</u>
c. New York State Tax	<u>\$ 10</u>
d. NYC/Yonkers Tax	<u>\$ NA</u>
e. Other payroll deductions _____ _____ _____	<u>\$ NA</u> <u>\$ NA</u> <u>\$ NA</u>

5. Number of members in household 46. Number of dependents 17. Income of other members of household \$ 0 per _____
\$ 0 per _____**NOTE:** ATTACH INFORMATION FOR ADDITIONAL EMPLOYERS ON SEPARATE PAGES.b. Self-Employment Income (Describe and list self-employment income; attach to this form the most recently filed Federal and State income tax returns, including all schedules): _____Drives taxic. Interest/Dividend Income:NAd. Other Income/ Benefits:

1. Workers Compensation
2. Disability Benefits
3. Unemployment Insurance Benefits
4. Social Security Benefits
5. Veterans Benefits

1. \$ NA per NA
2. \$ NA per NA
3. \$ NA per NA
4. \$ NA per NA
5. \$ NA per NA

III. **LIABILITIES, LOANS AND DEBTS:** List your liabilities, loans and debts as follows.

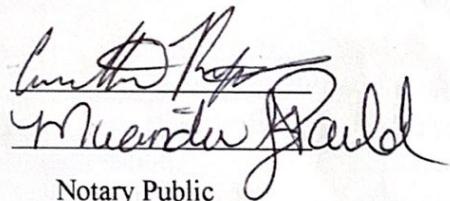
Creditor N/A
Purpose N/A
Date incurred N/A
Total balance due \$ N/A
Monthly payment \$ N/A

Creditor N/A
Purpose N/A
Date incurred N/A
Total balance due \$ N/A
Monthly payment \$ N/A

Creditor N/A
Purpose N/A
Date incurred N/A
Total balance due \$ N/A
Monthly payment \$ N/A

Subscribed and Sworn to

Before me on this day of July, 2020


Miranda J. Pawlak

Notary Public

7-14-20

1/14/2020

Date

MIRANDA J PAWLAK
NOTARY PUBLIC STATE OF NEW YORK
E. COUNTY
LIC. #01PA6366926
COMM. EXP. November 6, 2021

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|---------------------------------------|---|
| 6. Pensions and Retirement Benefits | 6. \$ <u>NA</u> per <u>NA</u> |
| 7. Fellowships/Stipends/Annuities | 7. \$ <u>NA</u> per <u>NA</u> |
| 8. Supplemental Security Income (SSI) | 8. \$ <u>NA</u> per <u>NA</u> |
| 9. Public Assistance | 9. \$ <u>NA</u> per <u>NA</u> |
| 10. Food Stamps | 10. \$ <u>160</u> per <u>Once a month</u> |

- e. Income from other sources: (List here and explain any other income including but not limited to: non-income producing assets; employment "perks" and reimbursed expenses to the extent that they reduce personal expenses; fringe benefits as a result of employment; periodic income, personal injury settlements; non-reported income; and money, goods and services provided by relatives and friends):
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II. ASSETS:

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|--|------------------|
| a. Savings account balance (Name of bank: <u>M&T</u>) | a. \$ <u>100</u> |
| b. Checking account balance (Name of bank: <u>M&T</u>) | b. \$ <u>100</u> |
| c. Automobile(s) (Year and make: <u>2010 GMC</u>) | c. \$ <u>NA</u> |
| Loan information <u>NA</u> | |
| d. Residence owned (Address: <u>NA</u>) | d. \$ <u>NA</u> |
| e. Other real estate owned <u>NA</u> | e. \$ <u>NA</u> |
| f. Other assets (For example: stocks, bonds, trailers, boat, etc.) <u>NA</u> | f. \$ <u>NA</u> |
- g. Driver's, professional, recreational, sporting and other licenses and permits held (provide name of issuing agency, license number and attach a copy if possible) Professional Driver C
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